

**UTAH DIVISION OF RADIATION CONTROL  
QUALIFIED EXPERT  
RECERTIFICATION APPLICATION FORM**

In accordance with Utah Code Annotated 1953, as amended, Section 19-3-104 provides that the Radiation Control Board shall by rule authorize independent qualified experts to conduct inspections of X-ray facilities and shall establish qualifications and certification procedures necessary to conduct these inspections. Pursuant to R313-16-293, an individual seeking registration as a qualified expert shall complete and submit this recertification form.

**Part 1: Personal Data**

Name: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

Address: \_\_\_\_\_ FAX: (    ) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Part 2: Facilities & Experience**

List four X-ray Radiation Safety Inspection Summary Reports performed in Utah for the past two years or four X-ray Safety Inspection Summary Reports at facilities in other States and submit them as EXHIBIT A.

Institution \_\_\_\_\_ Address \_\_\_\_\_ Inspection Date \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Part 3: Attestation**

Indicate your acceptance of each of the attestation elements by writing your initials in the column below (see R313-16-293).

Attestation Elements	Initials
I have read and I understand the requirements in the Utah Radiation Control Rules.	
I will inspect items defined by the Division Director and I will document the results on forms prescribed by the Division Director.	
I will follow the guidelines for the evaluation of X-ray units defined by the Executive Secretary.	
I will limit my inspections of facilities such that I will not be involved in a direct conflict of interest.	
I will assure that any radiation exposure measurements and peak tube potential measurements will be made with instruments which have been calibrated biennially by the manufacturer of the instrument or by a calibration laboratory accredited in X-ray calibration procedures by the	

American Association of Physicians in Medicine, American Association for Laboratory Accreditation, Conference of Radiation Control Program Directors, Health Physics Society or the National Voluntary Laboratory Accreditation Program.	
I will assure that the calibration of radiation exposure measuring and peak tube potential measuring instruments used to evaluate compliance of X-ray systems with the requirements of these rules will include at least secondary level traceability to a National Institute of Standards and Technology, or similar international agency, transfer standard instrument or transfer standard source.	
Upon request, I will make available to representatives of the Division Director documents concerning the calibration of any radiation exposure measuring and peak tube potential measuring instruments I use to evaluate compliance of X-ray systems.	
I will submit or I will instruct the registrant to submit to the Division Director, within 30 business days after completion of an inspection, a written report of compliance or noncompliance.	
I will assure that reports of a noncompliance will include: name of the facility inspected; inspection date; manufacturer model number and serial number or Utah identification number of the control unit for the radiation machine; the requirements of the rule where compliance was not achieved; the manner in which the facility or radiation machine failed to meet the requirements; and a signed commitment from the registrant of the facility that the problem will be fixed within 30 days of the date the written report of a noncompliance is submitted to the Division Director.	
I will submit my inspection reports with my signature acknowledging that all information contained in the report is truthful, accurate, and complete. I realize that if this is not the case, then I may be subject to enforcement actions.	
I recognize and acknowledge that I am subject to the provisions of R313-16-300.	

#### **Part 4: List of Registered Qualified Experts**

A list of registered qualified experts will be made available to owners of X-ray systems and to the public upon request. If your application is approved, do you wish to have your name appear on such a list? YES\_\_\_\_ NO\_\_\_\_

#### **Part 5: Signature**

I certify that the information provided with this application is true and accurate. I am aware that any false statements and/or information may result in the denial of this application, the revocation of my registration and other penalties.

Signature	Date
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Mail completed application and support documents to:

Utah Division of Radiation Control  
Division Director  
P.O. Box 144850  
Salt Lake City, Utah 84114-4850